

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth
(Registration District)

County

No.

St.

SEX OF CHILD* Twin
Triplets
or other? } and } Number
in order
of birth

DATE OF BIRTH* Jan 8 1933
(Month) (Day) (Year)

FULL* FATHER
NAME Ramon Dominguez

FULL* MOTHER
MAIDEN NAME Soledad Hernandez

I HEREBY CERTIFY that the child described herein
has been named

Manuel Dominguez
(Give name in full) (Surname)

Soledad Dominguez
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

8/11/40

449-108-289